

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032285  
4487 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF William F. Bell MEDICAL CERTIFICATION

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City		c. CITY OR TOWN Lee's Summit	
Length of stay in 1b 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 604 So. Douglas St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Frank Cunningham Huber			4. DATE OF DEATH Month Day Year August 9, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1907	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Operator		10b. KIND OF BUSINESS OR INDUSTRY Missouri State Highway Patrol		11. BIRTHPLACE (City and state or country) Belton, Mo. USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ben R. Huber		13b. MOTHER'S MAIDEN NAME Rena Cunningham	
14. NAME OF HUSBAND OR WIFE Ida Allen Huber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Ida Allen Huber, Lee's Summit, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Essential Hypertension DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH 5 days 15 yrs.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 9, 1961 to Aug 9, 1963 and last saw him alive on Aug 9, 1963 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William F. Bell M.D.			22b. ADDRESS Lee's Summit, Mo		22c. DATE SIGNED 8-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 12, 1963	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri		
24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit		25. DATE RECD. BY LOCAL REG. 8-12-63	26. REGISTRAR'S SIGNATURE Ruth Long		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W.B. Langford Jr.*

Licensed Embalmer No. 3833

P. O. Address

*Permit no.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

XIEE